

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS							*		*			
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
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35							85					
36							86					
37							87					
38	1						88					
39		1					89					
40			1				90					
41	1						91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					